

1122 PROGRAM PRE-AUTHORIZATION FORM - DA / DLA**(DA / DLA - ~~Not a g'Cb'm~~)**

1122A2 (Revise 07-09)

Counter-Drug

Source of Supply (SOS)

Homeland Security

B17

A12

Emergency Response

SMS

Date _____

Ordering Agency

Agency Name: _____ Agency #: _____

POC: _____ E-Mail: _____

Phone #: _____ Cell #: _____ Fax #: _____

Ship to

Agency Name: _____

Address: _____

City: _____ Zip: _____

POC: _____

Justification

NSN # *DHS-AEL #	Item Description	Quantity	Price	Cost	Retail	Savings	%Saved

Order Total:							

Please fax this Pre-Authorization form to:
1122 Program (916) 327-8714